CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2016-97796 COLE'S PLANTS INC. WEATHERFORD, TX United States Date Filed: 08/11/2016 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: CITY OF FORT WORTH Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 16-0333 **BEDDING PLANTS** Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary WEATHERFORD, TX United COLE, AARON X 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjuly, that the above disclosure is true and correct. KIMBERLY PRICE Notary Public State of Texas My Comm. Expires 04-01-2018 Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

				1 of 1			
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. Green Lake Nursery Dallas, TX United States	Certificate Number: 2016-96501 Date Filed:					
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of Fort Worth	08/09/2016 Date Acknowledged:					
3	Provide the identification number used by the governmental entity or state agency to track or identification of the services, goods, or other property to be provided under the contract. 16-0333 Annual bedding plants	y the co	ontract, and prov	vide a			
4	Name of Interested Party City, State, Country (place of busi						
5	Check only if there is NO Interested Party.						
6	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the	of perjury, that the above disclosure is true and correct.					
	Signature of authorized agent of contracting business entity						
	AFFIX NOTARY STAMP / SEAL ABOVE		Λ				
/	Sworn to and subscribed before me, by the said AUREAL RIVES , this the WATH day of AUGUST. 20 /6 , to certify which, witness my hand and seal of office. JERRY B. BECKER						
(Notary Public STATE OF TEXAS Lily 19, 2019 Lille of officer administering ath						
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CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USI RTIFICATION			
1	Name of business entity filing form, and the city, state and count of business. SiteOne Landscape Supply Cleveland, OH United States	try of the business entity's place	Certificate Number: 2016-96210 Date Filed:				
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is		8/2016			
	being filed. City of Fort Worth	T.	Date	Date Acknowledged:			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ity or state agency to track or identi ded under the contract.	fy the c	ontract, and pro	vide a		
	16-0333 Annual Bedding Plants						
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"	Name of Interested Party	City, State, Country (place of busi		(check applicab			
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Ů	Check only if there is NO Interested Party.						
6	Signature of authorized agent of contracting business entity						
	AFFIX NOTARY STAMP / SFAL ABOVE						
	Sworn to and subscribed before me, by the said						
で、北西	Note Reco	MONIQUE POTTS ary Public - State of Ohio orded In Cuyahoga County ission Expires 2/2/207	/	Bid officer administer	La ing oath		
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	ment dies bysi exas Ethics Commission www.eth	nics.state.tx.us			ersion \		

	CERTIFICATE OF INTERESTED PART	ries						
	OLIVIII IOATE OF INTERESTED FART			FORM	ı 1295			
_				·	1 of 1			
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING					
1	lame of business entity filing form, and the city, state and country of the business entity's place of business.		Certificate Number: 2016-96311					
	Southwest Wholesale Nursery Carrollton, TX United States			Date Filed:				
2	ame of governmental entity or state agency that is a party to the contract for which the form is eing filed.			08/08/2016				
	City of Fort Worth		Date Acknowledged:					
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided		the cont	tract, and prov	ide a			
	16-0333 Annual Bedding Plants							
4			1		interest			
-	Name of Interested Party	City, State, Country (place of busine		(check ap	lntermediary			
Mı	uehlstein, Adrian	Carrollton, TX United States		X	intermedia y			
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		·						
5	Check only if there is NO Interested Party.	<u> </u>		:				
6	AFFIDAVIT Swear or a	affirm under penalty of periury, that the	above di	sclosure is true	and correct.			
CAROL MASON Notary Public STATE OF TEXAS Commission Expires 12/19/2016 Signature of authorized agent of contracting business entity								
	AFFIX NOTARY STAMP / SEAL ABOVE	· ·		·				
Sworn to and subscribed before me, by the said <u>Adrian T. Mueh Stein</u> , this the <u>8th</u> day of <u>August</u> , 2016, to certify which, witness my hand and seal of office.								
	Carol Carol Signature of officer administering oath Printed name of o	Mason Officer administering oath T	10 to	NY A	blic)			